U.S. District Court for the Northern District Of Illinois Attorney Appearance Form

Case Title:		Case Nur	nb	er:			
An appearance is he	reby filed by the unders	igned as a	itto	rney for	:		
Attorney name (type	or print):						
Firm:							
Street address:							
City/State/Zip:							
Bar ID Number: Telephone Number See item 3 in instructions)				Number:			
Email Address:							
Are you acting as lea	d counsel in this case?				Yes	No	
Are you acting as loc	al counsel in this case?				Yes	No	
Are you a member of	the court's trial bar?				Yes	No	
If this case reaches trial, will you act as the trial attorney?				•	Yes	No	
If this is a criminal ca	I	Re	tained C	ounsel			
			•	•	Counsel d counse	el, are you	J
		6	а	Federal	Defend	er	
				CJA Panel Attorney			
general bar or be granted I declare under penalty of	this Court an attorney must leave to appear pro hac vice perjury that the foregoing is has the same force and effect	e as provide true and co	d fo	or by local ct. Under 2	rules 83.1 28 U.S.C.§	2 through 8 1746, this	
Executed on							
Attorney signature:	S/ (Use electronic signature	if the appear	an	ce form is	filed elect	ronically.)	